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APPLICANTS

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DIS

** CONTINUING DATA *****

This appln claims benefit of 60/194,419 04/04/2000

DIS

** FOREIGN APPLICATIONS *****

NONE - DIS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/29/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 3	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 7
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35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged *[Signature]* Examiner's Signature *DIS* Initials

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TITLE
 Hepatitis C virus NS3 helicase fragments

FILING FEE RECEIVED 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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